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FILE 'MEDLINE' ENTERED AT 11:52:12 ON 11 JUL 2007

=> s anti-emetic or antiemetic or anti(a)emetic
L1       28840 ANTI-EMETIC OR ANTIEMETIC OR ANTI(A) EMETIC

=> s lorazepam
L2       21204 LORAZEPAM

=> s diphenhydramine
L3       25819 DIPHENHYDRAMINE

=> s promethazine
L4       18411 PROMETHAZINE

=> s metoclopramide
L5       29665 METOCLOPRAMIDE

=> s l1 and l2
L6         786 L1 AND L2

=> s l1(p)l2
L7         332 L1(P) L2

=> s l2(p)l3(p)l4(p)l5
L8           4 L2(P) L3(P) L4(P) L5

=> d ti au abs so py 1-4

L8   ANSWER 1 OF 4  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Initial selection of antiemetics in end-of-life care: a retrospective
     analysis
AU   Tolen, Laura; McMath, Jill A.; Alt, Calvin; Weschules, Douglas J.;
     Knowlton, Calvin H.; McPherson, Mary Lynn
AB   The purpose of this study was to compare the relative severity of nausea
     and vomiting scores before and after initiation of treatment regimens in
     end-of-life cancer patients, and secondarily to evaluate the efficacy of a
     combination antiemetic preparation (ABHR; lorazepam [Ativan],
     diphenhydramine [Benadryl], haloperidol [Haldol], and
     metoclopramide [Reglan]) in this patient population.  A
     retrospective anal. of antiemetic use was performed through a systematic
     chart review of patients with an end-of-life diagnosis of lung,
     pancreatic, or colorectal cancer whose medications were provided through
     Hospice Pharmacia.  Information collected included patient age and sex;
     terminal diagnosis; pre- and post-antiemetic nausea and vomiting scores;
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and initial antiemetic choice. A total of 584 patient records were examined, and the most widely used antiemetics used were prochlorperazine, promethazine, metoclopramide, and ABHR. The most prevalent diagnosis was lung cancer. All of the agents and prepns. were determined to be effective as initial therapy for the management of nausea and vomiting in the end-of-life cancer patient; therefore use of these agents as first-line therapy options in this population appears to be justified. ABHR appears to be at least as efficacious as other first-line monotherapy options investigated. Despite a lack of information on the absolute bioavailability of alternative ABHR dosage forms such as suppositories and topical gels, these also appear to be efficacious and therefore are viable options in the treatment of nausea and vomiting in end-of-life cancer patients.

SO International Journal of Pharmaceutical Compounding (2006), 10(2), 147-153
CODEN: IJPCCW; ISSN: 1092-4221

PY 2006

L8 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN

TI Broad-spectrum antiemetic compositions and associated methods

IN Summerville, James Peter

AB Broad-spectrum antiemetic pharmaceutical compns. are disclosed. The broad-spectrum antimetics disclosed herein comprise selected neuroreceptor antagonists specifically formulated to treat and prevent the most common forms of emesis. In one embodiment the antiemetic compns. include lorazepam, diphenhydramine, promethazine, and metoclopramide. The pharmaceutical compns. include, but are not limited to, oral and parenteral forms and may include one or more pharmaceutically acceptable excipient.

SO U.S., 5 pp.
CODEN: USXXAM

PY 2004
2004
2004
2005
2004

L8 ANSWER 3 OF 4 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

TI Broad-spectrum anti-emetic compositions and associated methods.

AU Summerville, James Peter [Inventor, Reprint Author]

AB Broad-spectrum anti-emetic pharmaceutical compositions are disclosed. The discloses broad-spectrum ant-emetics disclosed herein comprise selected neuroreceptor antagonists specifically formulated to treat and prevent to most common forms of emesis. In one embodiment the ant-emetic compositions include lorazepam, diphenhydramine, promethazine, and metoclopramide. The pharmaceutical compositions include, but are not limited to oral and parenteral forms and may include one or more pharmaceutically acceptable excipient.

SO Official Gazette of the United States Patent and Trademark Office Patents, (Jan 6 2004) Vol. 1278, No. 1. http://www.uspto.gov/web/menu/patdata.html. e-file.
ISSN: 0098-1133 (ISSN print).

PY 2004

L8 ANSWER 4 OF 4 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI Initial selection of antiemetics in end-of-life care: A retrospective analysis.

AU Tolen L.; McMath J.A.; Alt C.; Weschules D.J.; Knowlton C.H.; McPherson M.L.

AB The purpose of this study was to compare the relative severity of nausea and vomiting scores before and after initiation of treatment regimens in end-of-life cancer patients, and secondarily to evaluate the efficacy of a combination antiemetic preparation (ABHR; lorazepam [Ativan], diphenhydramine [Benadryl], haloperidol [Haldol], and

metoclopramide [Reglan]) in this patient population. A retrospective analysis of antiemetic use was performed through a systematic chart review of patients with an end-of-life diagnosis of lung, pancreatic, or colorectal cancer whose medications were provided through Hospice Pharmacia. Information collected included patient age and sex; terminal diagnosis; pre- and post-antiemetic nausea and vomiting scores; and initial antiemetic choice. A total of 584 patient records were examined, and the most widely used antiemetics used were prochlorperazine, promethazine, metoclopramide, and ABHR. The most prevalent diagnosis was lung cancer. All of the agents and preparations were determined to be effective as initial therapy for the management of nausea and vomiting in the end-of-life cancer patient; therefore use of these agents as first-line therapy options in this population appears to be justified. ABHR appears to be at least as efficacious as other first-line monotherapy options investigated. Despite a lack of information on the absolute bioavailability of alternative ABHR dosage forms such as suppositories and topical gels, these also appear to be efficacious and therefore are viable options in the treatment of nausea and vomiting in end-of-life cancer patients.

SO International Journal of Pharmaceutical Compounding, (2006) Vol. 10, No. 2, pp. 147-153. .
Refs: 7
ISSN: 1092-4221

PY 2006

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L9          107 L2 AND L3 AND L4 AND L5

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     (FILE 'HOME' ENTERED AT 11:51:56 ON 11 JUL 2007)

     FILE 'CAPLUS, BIOSIS, EMBASE, MEDLINE' ENTERED AT 11:52:12 ON 11 JUL 2007
L1         28840 S ANTI-EMETIC OR ANTIEMETIC OR ANTI(A)EMETIC
L2         21204 S LORAZEPAM
L3         25819 S DIPHENHYDRAMINE
L4         18411 S PROMETHAZINE
L5         29665 S METOCLOPRAMIDE
L6           786 S L1 AND L2
L7           332 S L1(P)L2
L8             4 S L2(P)L3(P)L4(P)L5
L9           107 S L2 AND L3 AND L4 AND L5

=> s l9 and l1
L10          49 L9 AND L1

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                 ANSWERS '8-47' FROM FILE EMBASE

=> d ti au abs so py 1-10

L11  ANSWER 1 OF 47  CAPLUS  COPYRIGHT 2007 ACS on STN DUPLICATE 1
TI   Initial selection of antiemetics in end-of-life care: a
     retrospective analysis
AU   Tolen, Laura; McMath, Jill A.; Alt, Calvin; Weschules, Douglas J.;
     Knowlton, Calvin H.; McPherson, Mary Lynn
AB   The purpose of this study was to compare the relative severity of nausea
     and vomiting scores before and after initiation of treatment regimens in
     end-of-life cancer patients, and secondarily to evaluate the efficacy of a
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combination antiemetic preparation (ABHR; lorazepam [Ativan], diphenhydramine [Benadryl], haloperidol [Haldol], and metoclopramide [Reglan]) in this patient population. A retrospective anal. of antiemetic use was performed through a systematic chart review of patients with an end-of-life diagnosis of lung, pancreatic, or colorectal cancer whose medications were provided through Hospice Pharmacia. Information collected included patient age and sex; terminal diagnosis; pre- and post-antiemetic nausea and vomiting scores; and initial antiemetic choice. A total of 584 patient records were examined, and the most widely used antiemetics used were prochlorperazine, promethazine, metoclopramide, and ABHR. The most prevalent diagnosis was lung cancer. All of the agents and prepns. were determined to be effective as initial therapy for the management of nausea and vomiting in the end-of-life cancer patient; therefore use of these agents as first-line therapy options in this population appears to be justified. ABHR appears to be at least as efficacious as other first-line monotherapy options investigated. Despite a lack of information on the absolute bioavailability of alternative ABHR dosage forms such as suppositories and topical gels, these also appear to be efficacious and therefore are viable options in the treatment of nausea and vomiting in end-of-life cancer patients.

SO International Journal of Pharmaceutical Compounding (2006), 10(2), 147-153
CODEN: IJPCCW; ISSN: 1092-4221

PY 2006

L11 ANSWER 2 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN DUPLICATE 2

TI Broad-spectrum antiemetic compositions and associated methods

IN Summerville, James Peter

AB Broad-spectrum antiemetic pharmaceutical compns. are disclosed. The broad-spectrum antimetics disclosed herein comprise selected neuroreceptor antagonists specifically formulated to treat and prevent the most common forms of emesis. In one embodiment the antiemetic compns. include lorazepam, diphenhydramine, promethazine, and metoclopramide. The pharmaceutical compns. include, but are not limited to, oral and parenteral forms and may include one or more pharmaceutically acceptable excipient.

SO U.S., 5 pp.
CODEN: USXXAM

PY 2004
2004
2004
2005
2004

L11 ANSWER 3 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pharmaceutical composition comprising Tannate and uses for treating nausea, vomiting, pain, convulsions, and insomnia

IN Kiel, Jeffrey S.; Thomas, H. Greg; Mani, Narasimhan

AB Tannate compns. containing active pharmaceutical ingredients to be used for treating nausea, vomiting, pain, convulsions, and insomnia and manufacturing processes for preparing the tannate compns. The invention relates to tannate compns. containing active pharmaceutical ingredients selected from the following therapeutic classes: antinausea, antiemetic, antiinsomnia, analgesics and anticonvulsives. The invention also relates to methods of making the above tannate compns. and methods of use.

SO U.S. Pat. Appl. Publ., 7pp., Cont.-in-part of U.S. Ser. No. 921,438.
CODEN: USXXCO

PY 2007
2003
2005
2003
2005
2006

L11 ANSWER 4 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN
TI Cyclooxygenase-2 selective inhibitor-antinausea agent combination for the treatment of migraine accompanied by nausea
IN Siebert, Karen
AB The invention is related to the treatment or prevention of migraine accompanied by nausea or vomiting with a combination of a cyclooxygenase-2 selective inhibitor and an antinausea agent.
SO PCT Int. Appl., 148 pp.
CODEN: PIXXD2
PY 2005
2005
2005
2006
2006

L11 ANSWER 5 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN
TI Human liver aldehyde oxidase: inhibition by 239 drugs
AU Obach, R. Scott; Huynh, Phuong; Allen, Mary C.; Beedham, Christine
AB The authors tested 239 frequently used drugs and other compds. for their potential to inhibit the drug-metabolizing enzyme, aldehyde oxidase, in human liver cytosol. A sensitive, moderate throughput HPLC-MS assay was developed for 1-phthalazinone, the aldehyde oxidase-catalyzed product of phthalazine oxidation Inhibition of this activity was examined for the 239 drugs and other compds. of interest at a test concentration of 50 μM. Thirty-six compds. exhibited greater than 80% inhibition and were further examined for measurement of IC50. The most potent inhibitor observed was the selective estrogen receptor modulator, raloxifene (IC50 = 2.9 nM), and tamoxifen, estradiol, and ethinyl estradiol were also potent inhibitors. Other classes of drugs that demonstrated inhibition of aldehyde oxidase included phenothiazines, tricyclic antidepressants, tricyclic atypical antipsychotic agents, and dihydropyridine calcium channel blockers, along with some other drugs, including loratadine, cyclobenzaprine, amodiaquine, maprotiline, ondansetron, propafenone, domperidone, quinacrine, ketoconazole, verapamil, tacrine, and salmeterol. These findings are discussed in context to potential drug interactions that could be observed between these agents and drugs for which aldehyde oxidase is involved in metabolism and warrant investigation of the possibility of clin. drug interactions mediated by inhibition of this enzyme.
SO Journal of Clinical Pharmacology (2004), 44(1), 7-19
CODEN: JCPCBR; ISSN: 0091-2700
PY 2004

L11 ANSWER 6 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN
TI Enhancement of the action of central and peripheral nervous system agents with nitrous oxide
IN Meyer, Petrus Johannes
AB The invention provided a method of enhancing the action of a pharmaceutical agent selected from the group consisting of the CPNS agents selected from the group of compds. acting on the central or peripheral nervous system, and for a formulation of such agents characterized in that the agent is formulated with an administration medium which is characterized in that it comprises a solution of nitrous oxide gas in a pharmaceutically acceptable carrier solvent for the gas and which administration medium includes at least one fatty acid or ester or other suitable derivative thereof selected from the group consisting of oleic acid, linoleic acid, α-linolenic acid, γ-linolenic acid, arachidonic acid, eicosapentaenoic acid [C20: 5ω3], decosahexaenoic acid [C22: 6ω3], ricinoleic acid and derivs. thereof selected from the group consisting of the C1 to C6 alkyl esters thereof, the glycerol-PEG esters and the reaction product of hydrogenated natural oils composed largely of ricinoleic acid based oils such as castor oil with ethylene oxide. Solns. of nitrous oxide were prepared
SO PCT Int. Appl., 37 pp.
CODEN: PIXXD2

PY 2002
2002
2002
2002
2004
2004
2004

L11 ANSWER 7 OF 47 CAPLUS COPYRIGHT 2007 ACS on STN
TI Controlled and sustained release dosage forms containing hydrophilic carriers and diffusion enhancers
IN Chhabra, Harinderpal; Sarkar, Shyamal K.
AB A pharmaceutical composition for controlled onset and sustained release of an active ingredient, comprises: (i) a core comprising: (a) an active ingredient; (b) a hydrophilic carrier; (c) a hydrodynamic diffusion enhancer; and optionally (d) conventional excipients selected from the group consisting of binders, fillers and lubricants and combinations thereof; and (ii) a functional coating membrane surrounding the core. Thus, 240 g verapamil-HCl was sieved through a mesh sieve and blended with 150 g E50 premium HPMC. To this blend was added 270.0 g croscarmellose sodium and mixed for 15 min. This blend was granulated with PVP K-29/32 solution in iso-PrOH (30% weight/weight). The wet mass obtained in the above step
was dried at 60° for 3 h. After drying, the granules were passed a mesh sieve. The granules were then mixed with 2.5 g of Magnesium Stearate and 15 g of Stearic acid in a V blender. This granule blend was compressed in a tablet press by using appropriate size tooling. The granules were then mixed with 2.5 g of Mg stearate and 15 g of stearic acid in a V blender. This granule blend was compressed in a tablet press by using appropriate size tooling. These tablets were then coated by using a perforated coating pan. A seal coating membrane was applied on the surface of tablets to achieve a weight gain of 1.66% of the weight of the core. The seal coating dispersion of Opadry Clear in water at 10% was sprayed on to the surface of the tablets by using a perforated coating pan.
SO U.S., 23 pp.
CODEN: USXXAM
PY 2002
2001

L11 ANSWER 8 OF 47 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Nausea and vomiting - Pharmacological management.
AU Husband A.; Worsley A.
AB An understanding of the mechanisms of action of the drugs used to treat nausea and vomiting is important when selecting the best treatment for the patient. The drugs used vary in their efficacy depending on the cause of emesis, as described in this article.
SO Hospital Pharmacist, (2007) Vol. 14, No. 6, pp. 189-192. .
Refs: 13
ISSN: 1352-7967 CODEN: HSPMFF
PY 2007

L11 ANSWER 9 OF 47 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Nausea and vomiting: An overview of mechanisms and treatment in older patients.
AU Finlay E.; Straton J.B.; Gavrin J.R.
AB Nausea and emesis are distressing symptoms that can contribute to malnutrition, dehydration, and decreased quality of life in older patients. Dopaminergic, cholinergic, histaminergic, serotonergic, and neurokinin receptor mechanisms play roles in the causation of nausea. Pharmacologic therapy targeted at these and other mechanisms is necessary to effectively treat the symptoms of nausea and vomiting. Multidrug

regimens that target multiple mechanisms are often needed to control persistent symptoms. However, caution is advised when prescribing these medications in older patients, as many of the effective medications can cause sedation, confusion, or delirium. This article describes the mechanisms of nausea and vomiting and reviews effective treatment regimens.

SO Geriatrics and Aging, (2007) Vol. 10, No. 2, pp. 116-121. .
Refs: 31
ISSN: 1488-8408 CODEN: GAEGB5

PY 2007

L11 ANSWER 10 OF 47 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI Pediatric migraine.

AU Lewis D.W.

AB Migraine represents a wide spectrum of episodic clinical entities in childhood and adolescence. Attacks of frontal or bitemporal, pounding, nauseating headache lasting 1 to 48 hours represent the most common manifestation of migraine, but a curious subset of focal neurologic disturbances also may represent migraine. The philosophy of treatment now embraces a balanced approach that includes both biobehavioral interventions and pharmacologic measures, and decisions regarding treatment are being based on the disability produced by the headaches. A growing body of controlled pediatric data regarding the acute and preventive agents for treatment of childhood migraines is emerging, thereby lessening clinicians' dependence on extrapolated adult data. In the near future, we anticipate additional advances in understanding the neurobiology of migraine that should translate to improved care of affected pediatric patients.

SO Pediatrics in Review, (2007) Vol. 28, No. 2, pp. 43-53. .
Refs: 32
ISSN: 0191-9601 E-ISSN: 1526-3347 CODEN: PDREFI

PY 2007

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